

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10822370**

FILING DATE **4-12-04**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/						51		/						
2		/					52		/						
3		/					53		/						
4		/					54								
5		/					55								
6		/					56								
7		/					57								
8		/					58								
9		/					59								
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18	/						68								
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41		/					91								
42		/					92								
43		/					93								
44		/					94								
45		/					95								
46		/					96								
47		/					97								
48		/					98								
49		/					99								
50		/					100								
TOTAL IND.	←		←		←		TOTAL IND.	←		←		←		←	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←		←		←	
TOTAL CLAIMS	←		←		←		TOTAL CLAIMS	←		←		←		←	